APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp:		
Site Address:		
Site Telephone:		
Name of Camp Owner:		
Office Address		
Telephone Number:		
Email Address:		
Name of Camp Operator (if different	t):	
Address:		
Telephone Number:		
Email Address:		
Name of Health Care Consultant: Address:		
Telephone Number:		
Email Address:		
	Residential	_
Hours of Operation:		
Dates of Operation: Opening:		
Swimming Pool: Yes		No
Bathing Beach: Yes	No	
Meals Provided: Yes	Food Permit Number	No
Signature of Applicant:		
Official Title:	Date	

FEE REQUIRED: \$200

See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps Written itinerary, including sources of emergency
- care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- · Buildings, structures, fixtures and facilities
- Proposed source of water supply
- · Works for disposal or sewage and waste water

Camp Director Name:
Age:
Coursework in camping administration:
Previous camp administration experience:
Health Care Consultant Name:
Type of Medical License (must be a physician, nurse practitioner, or physician assistant
with pediatric training):
MA License Number:
Health Supervisor
Name:
Age:
Type of Medical License, Registration or Training (See 105 CMR 430.159(C):
Aquatics Director
Name:
Age:
Lifeguard Certificate issued by:
Expiration date:
American Red Cross CPR Certificate:
Expiration date:
American First Aid Certificate:
Expiration date:
Previous aquatics supervisory experience:

Firearins instructor			
Name:			
National Rifle Association Instructor's card (or equivalent):			
Date certified:	Expiration date:		
Horseback Riding Instructor			
Name:			
License Number:			
Stable			
Location:			
Licensed in accordance with MGL Ch 1	11 & 155 158. Yes No		

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers